

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101575565

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57						
58						
59						
60						
61						
62						
63						
64						
65	1					
66						
67						
68						
69						
70						
71						
72	i					
73						
74						
75						
76						
77						
78						
79		i				
80		i				
81						
82	j					
83						
84						
85						
86						
87						
88						
89		i				
90		i				
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.	77					
TOTAL CLAIMS	90					